

PAGE	1	OF	4
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00621995 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> D D / </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> Y Y Y Y Y / </div> </div>	

Full Name of Payee JVA Campaigns LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 29 / 2016	
Mailing Address 240 N 5th St Suite 360		Amount 190.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : WFT2016731208-1
Purpose of Expenditure Campaign Literature	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Clinton Hillary	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	1673.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee JVA Campaigns LLC		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>08 / 29 / 2016</div> </div>	
Mailing Address 240 N 5th St Suite 360		Amount <div> <div>Amount</div> <div>190.00</div> </div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : WFT20167312015-1 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure Campaign Literature		Category/ Type <div></div>	
Name of Federal Candidate Trump Donald		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1673.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Holt David

[Electronically Filed]

Date _____

Signature